

**One Stop Licensing**

PO Box 8003

Helena, MT 59604-8003

Phone: (406) 444-6900

MONTANA

Form MA

Rev. 11-02

Master Application

License Fees

<input type="checkbox"/> Food Purveyor (page 3) Endorsements: (Check all that apply) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> \$ _____	<input type="checkbox"/> Petroleum Dealers (page 5) PA _____ x \$16.00 = _____ PB _____ x \$55.00 = _____ PC _____ x \$65.00 = _____ PD _____ x \$80.00 = _____ \$ _____
<input type="checkbox"/> Cigarette (pages 3 & 4) <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Subjobber <input type="checkbox"/> Major Vendor <input type="checkbox"/> Minor Vendor <input type="checkbox"/> Other Tobacco Products \$ _____	<input type="checkbox"/> Weighing Devices (page 5) SA _____ x \$12.00 = _____ SB _____ x \$20.00 = _____ SC _____ x \$40.00 = _____ SD _____ x \$100.00 = _____ SE _____ x \$175.00 = _____ \$ _____
<input type="checkbox"/> Off-Premises Beer/Wine License (pages 18-26) Two separate checks need to be submitted. <input type="checkbox"/> Process Fee: Off-Premise - \$100.00 Make check payable to: Department of Revenue \$ _____ <input type="checkbox"/> Off-Premise Beer - \$200.00 (if new) <input type="checkbox"/> Off-Premise Wine - \$200.00 (if new) <input type="checkbox"/> Off-Premise Beer/Wine - \$400.00 (if new) Make check payable to: One Stop Licensing \$ _____	<input type="checkbox"/> Underground Storage Tanks (page 5) ≤ 1100 gallons _____ x \$20.00 = _____ > 1100 gallons _____ x \$70.00 = _____ \$ _____
<input type="checkbox"/> Unemployment Insurance (Page 4) <input type="checkbox"/> Withholding (page 4) <input type="checkbox"/> Nursery License (page 6) <input type="checkbox"/> Exempt \$0 <input type="checkbox"/> ≥ \$1,000 and < \$3,000 <input type="checkbox"/> ≥ \$3,000 \$ _____	<input type="checkbox"/> Assumed Business Name (page 6) \$ _____ Total Amount Enclosed \$ _____

Please Do Not Send Cash

Check or Money Order # _____

Credit Card Payment: ☐ Visa ☐ MasterCardCredit Card #

Expiration Date _____

Name on Card _____

Assumed Business Name/DBA/Trade Name, Etc.: _____

Description of business transacted under the assumed business name: _____

Date applicant first used the assumed business name (Mo\Day\Yr): _____

E-mail address (optional): _____

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

Business Mailing Address (if different from above) _____ City _____ State _____ ZIP + 4 _____

Signature (of sole proprietor or spouse, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign)	Title	Date
_____	_____	_____
_____	_____	_____